



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Boy Scouts of America, Connecticut River Council

Address: 60 Darlin Street  
East Hartford, CT 06118

Federal Employer Identification Number: 060662110

Program title: Prepared For Life

Name of contact person: Rolland Miner

Telephone number: (860) 913-2739

Email address: [rminer@bsamail.org](mailto:rminer@bsamail.org)

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes      ☒ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or
- ☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
- ☒ Job training/education for disabled persons;
- ☒ Program serving low-income persons;
- ☐ Child care services;
- ☐ Establishment of a child day care facility;
- ☐ Open space acquisition fund; or
- ☐ Other (specify):

**Description of program:** The Connecticut River Council is one of New England's largest private youth-serving organizations. The Connecticut River Council. Delivers Scouting programs that develop character, citizenship, fitness and leadership skills to more than 32,000 youth and nearly 9,000 adult volunteers in 127 cities and towns in Connecticut. The Boy Scouts of America collaborate with hundreds of churches, school affiliated groups and other community organizations that organize and operate local Scout groups. The purpose of this project is to provide student scholarship funds to local residents so that they can complete their education at either Goodwin College or Stone Academy, who serve as training partners for this project.

**Need for program:** There is a great need for prevocational and vocational education to bridge the large population of under employed and unskilled residents to existing jobs. This program would be a great help to lower income scouts, their families and other local residents.

**Neighborhood area to be served:** Hartford Are Labor Market

### Plan to implement the program:

Rolland Miner, Boy Scouts of America Referral of potential students

Goodwin College – Prevocational and Vocational Training

Stone Academy – Prevocational and Vocational Training

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

**The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.**

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Tuition Support</u> _____	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2015****Open to Public Inspection****A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
BOY SCOUTS OF AMERICA  
CONNECTICUT RIVERS COUNCIL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
60 DARLIN STCity or town, state or province, country, and ZIP or foreign postal code  
EAST HARTFORD, CT 06128**D** Employer identification number

06-0662110

**E** Telephone number

(860) 289-6669

**G** Gross receipts \$ 10,837,545**F** Name and address of principal officer  
STEVEN SMITH  
60 DARLIN ST  
EAST HARTFORD, CT 06128**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ 1761**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CTRIVERS.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1995**M** State of legal domicile CT**Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities  
THE CONNECTICUT RIVERS COUNCIL SHALL, PROMOTE WITHIN THE TERRITORY COVERED BY THE CHARTER FROM TIME TO TIME GRANTED IT BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA, THE SCOUTING PROGRAM OF PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	47
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	47
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	343
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	6,894
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0

Revenue

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	1,998,018	1,632,025
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	2,191,076	2,131,253
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,254,620	625,983
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	697,051	581,009
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	6,140,765	4,970,270
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	66,646	82,088
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	2,443,169	2,379,893
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	14,759	7,221
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 356,080 . . . . .		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	2,732,054	2,282,007
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	5,256,628	4,751,209
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	884,137	219,061

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16) . . . . .	13,547,993	13,682,878
<b>21</b> Total liabilities (Part X, line 26) . . . . .	936,236	1,180,161
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer

STEVEN SMITH SCOUT EXECUTIVE AND CEO  
Type or print name and title**Paid Preparer Use Only**Print/Type preparer's name  
MARY KAY CURTISSPreparer's signature  
MARY KAY CURTISS

Firm's name ▶ BLUM SHAPIRO &amp; COMPANY PC CPAs

Firm's address ▶ 29 S MAIN STREET PO BOX 272000

WEST HARTFORD, CT 061272000

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

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Name of tax exempt organization/municipal agency: CONNECTICUT CENTER FOR ADVANCED TECHNOLOGY

Address: 222 Pitkin Street  
East Hartford, CT 06106

Federal Employer Identification Number: 20-10511854

Program Title: Work Force Technology Program

Name of contact person: Elliot Ginsberg, Executive Director, CCAT

Telephone number: (860) 282-4202

Email address: [eginsberg@ccat.us](mailto:eginsberg@ccat.us)

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes      ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☒ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

Description of program: CCAT functions as a unique economic development organization that combines expertise in cutting-edge technology with specialized centers of excellence in manufacturing, education, training, energy and entrepreneurialism. The purpose of this program is to provide pre-vocational and vocational education program for 100 local residents, so that they may be more prepared for employment in this region.

Need for program: There is a growing disconnect between the diverse local population and the workforce opportunities in the region. There is a great need for basic and prevocational education to bridge the large population of unemployed, unskilled residents to existing jobs. Our collaborating social service agencies are seeing hundreds of new clients monthly who need the types of training to be funded by this proposal.

Neighborhood area to be served: Hartford Labor Market Area (as described by the CT Dept. of Labor, with a focus on East Hartford.

Plan to implement the program:

Elliot Ginsberg, Executive Director, CCAT- overall management of agency, coordination of this program  
CT Registration Number or Social Security Number (SSN) 2587632-000

Goodwin College, One Riverside Drive, East Hartford CT 06118 – Training in vocational areas and ESL  
CT registration Number or SSN: 1690874000

Stone Academy, 745 Burnside Avenue, East Hartford CT 06108 – Training in ESL as well as vocational areas  
CT Tax Registration Number or SSN 9618240-000

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

**The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.**

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition _____	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

## A For the 2015 calendar year, or tax year beginning

, 2015, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>Connecticut Center for Advanced Technology, Inc.</b>		D Employer identification number <b>20-1051854</b>
	Doing business as		E Telephone number <b>(860) 291-8832</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>222 Pitkin Street</b>	<b>101</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>East Hartford CT 06108</b>		G Gross receipts <b>\$16,804,672.</b>
F Name and address of principal officer: <b>John A. Glidden 222 Pitkin St., Suite 101 East Hartford CT 06108</b>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶		
J Website: ▶ <b>www.ccat.us</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <b>2004</b> M State of legal domicile: <b>CT</b>		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Address 21st century economic challenges by creating partnerships which collaboratively provide services and resources to industry, academia, government and nonprofit organizations that help them implement innovative solutions, increase efficiencies, and improve workforce development.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>87</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)	<b>8,473,745.</b>	<b>13,203,350.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,785,376.</b>	<b>3,601,322.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,259,121.</b>	<b>16,804,672.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,225,891.</b>	<b>5,389,396.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	17 Other expenses (Part IX, column (A), lines 14a-11d, 11f-24e)	<b>6,136,727.</b>	<b>10,498,422.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,362,618.</b>	<b>15,887,818.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>-103,497.</b>	<b>916,854.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21 Total liabilities (Part X, line 26)	<b>6,195,697.</b>	<b>8,041,418.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>3,152,221.</b>	<b>4,081,088.</b>
		<b>3,043,476.</b>	<b>3,960,330.</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <b>John A. Glidden</b>	Date <b>05/12/16</b>		
	Type or print name and title. <b>Chief Financial Officer</b>			
Paid Preparer Use Only	Preparer's name <b>Albert Celentano</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P00730246</b>
	Firm's name <b>O'CONNELL PACE &amp; COMPANY, PC</b>			
	Firm's address <b>609 FARMINGTON AVE STE 201 HARTFORD CT 06105</b>			Firm's EIN ▶ <b>06-1053627</b>
				Phone no. <b>(860) 247-3917</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Training Center

Address: 1137 Main Street, East Hartford, CT 06108

Federal Employer Identification Number: 22-3235660

Program title: Upgrades for Energy Efficiency

Name of contact person: Mark Scheinberg

Telephone number: (860) 727-6900

Email address: [mscheinberg@goodwin.edu](mailto:mscheinberg@goodwin.edu)

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes      ☒ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

Description of program: The funds received through this grant would be used to retrofit the organization's main offices and training rooms with new insulation in accessible areas, new energy efficient lighting and controls, new R-factor windows, high efficiency boiler and energy efficient H-VAC systems. Should additional funds be available, CTC would seek to replace existing roof units with ones equipped with energy efficient insulate units. The building has recently had an energy audit by CL&P, and this grant would be used to begin the retrofit suggested in the audit.

Need for program: The Connecticut Training Center has its offices in a converted bank building on Main Street in East Hartford. Sections of the building are over 80 years old, and much of the building has never been upgraded for energy efficiency. The agency has been told that energy expenses could be reduced by 20-30% with the installation of new insulation, higher R-factor windows, energy efficient lighting, and motion controls for all lighted areas. This proposed grant would help in the beginning process of upgrading all three systems.

Neighborhood area to be served: CTC supported students come from 30 CT towns

Plan to implement the program:

CTC - Coordinator of Energy Program

Goodwin College – Project Management

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \$150,000

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Construction costs \$150,000

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000

## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p align="center"><b>Post-Project Review</b></p> <p align="center">Is a post-project review required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p align="center">If <b>Yes</b>, date post-project review due:</p> <p align="center"><u>3/31/20</u> _____ Date</p>
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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2011 calendar year, or tax year beginning , 2011, and ending		<b>D</b> Employer identification number 22-3235660	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Connecticut Training Center, Inc.</b>		<b>E</b> Telephone number (860) 291-9898
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street addn) Room/suite 1137 Main Street		
	City, town or country State ZIP code + 4 East Hartford CT 06108		
	<b>F</b> Name and address of principal officer: Janet Jefford 1137 Main Street East Hartford CT 06108		<b>G</b> Gross receipts \$ 635,938.
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: <a href="http://www.cttraining.org">www.cttraining.org</a>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1993	<b>M</b> State of legal domicile: CT

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Grant funded education programs</u> <u>The mission of Connecticut Training Center, Inc. is to provide opportunity for educational and vocational training to diverse populations of our community, enabling students to achieve a level of self-sufficiency to become competitive contributors to today's marketplace and society.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	41
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 12,331. Current Year 870.
	9	Program service revenue (Part VIII, line 2g)	1,334,556. 633,922.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,440. -51,342.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,348,327. 583,450.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	501,795.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	908,652. 482,955.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	600,261. 305,737.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,010,708. 788,692.
	19	Revenue less expenses. Subtract line 18 from line 12	-662,381. -205,242.
	20	Total assets (Part X, line 16)	Beginning of Current Year 456,446. End of Year 24,231.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	273,560. 46,587.
	22	Net assets or fund balances. Subtract line 21 from line 20	182,886. -22,356.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	Janet Jefford		President		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Mario Pace	Mario Pace			P00171616
	Firm's name	O'Connell, Pace, & Company, P.C.			Firm's EIN
	Firm's address	609 Farmington Avenue, Suite 201			06-1053627
	Hartford	CT 06105	Phone no.	(860) 247-3917	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Training Center

Address: 1137 Main Street  
East Hartford, CT 06108

Federal Employer Identification Number: 22-3235660

Program title: First Step Program

Name of contact person: Mark Scheinberg

Telephone number: (860) 727-6900

Email address: mscheinberg@goodwin.edu

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal



## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☒ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

Description of program: The CT Training Center is a non-profit organization with locations in Hartford and East Hartford providing service to the Hartford Labor Market area. The center has provided job development for the Capital Region Workforce Development Board, the Connecticut Department of Labor, and local Social Services Organizations. In addition, the organization has provided local Summer Local Youth Employment Services (SYEP) for Hartford and its suburbs and has funded voucher training programs with Goodwin College and Stone Academy. The purpose of this program is to increase the services we currently provide the community by sponsoring needy residents into training programs at Goodwin College and Stone Academy. The grant herein proposed will help us to increase this effort in the current year through funding slots at Goodwin College and Stone Academy.

Need for program: Various aid funding has been cut back and general assistance largely defunded by the federal and state governments over the last five years. During this economic downturn, up to 30,000 Hartford area residents remain unemployed and subject to regulations limiting or terminating benefits while job training funds are largely available.

Neighborhood area to be served: Hartford Labor Market (as defined by the CT Department of Labor) with focus on East Hartford and Hartford.

Plan to implement the program:

Connecticut Training Center – Intake and referral

Goodwin College – Training in vocational areas as well as ESL

Stone Academy – Training in ABE/ESL

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

**The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.**

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition _____	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2011 calendar year, or tax year beginning , 2011, and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Connecticut Training Center, Inc.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street addr) Room/suite <b>1137 Main Street</b> City, town or country State ZIP code + 4 <b>East Hartford CT 06108</b> <b>F</b> Name and address of principal officer: <b>Janet Jefford 1137 Main Street East Hartford CT 06108</b> <b>D</b> Employer identification number <b>22-3235660</b> <b>E</b> Telephone number <b>(860) 291-9898</b> <b>G</b> Gross receipts \$ <b>635,938.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>www.cttraining.org</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>Grant funded education programs</u> <u>The mission of Connecticut Training Center, Inc. is to provide opportunity for educational and vocational training to diverse populations of our community, enabling students to achieve a level of self-sufficiency to become competitive contributors to today's marketplace and society.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a).....	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	6	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a).....	41	
	6	Total number of volunteers (estimate if necessary).....	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34.....		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h).....	Prior Year 12,331.	Current Year 870.
	9	Program service revenue (Part VIII, line 2g).....	1,334,556.	633,922.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,440.	-51,342.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,348,327.	583,450.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	501,795.	
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
<b>Expenses</b>	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	908,652.	482,955.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....		
	b	Total fundraising expenses (Part IX, column (D), line 25).....	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	600,261.	305,737.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,010,708.	788,692.
	19	Revenue less expenses. Subtract line 18 from line 12.....	-662,381.	-205,242.
	<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16).....	Beginning of Current Year 456,446.
21		Total liabilities (Part X, line 26).....	273,560.	46,587.
22		Net assets or fund balances. Subtract line 21 from line 20.....	182,886.	-22,356.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	Janet Jefford		President	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Mario Pace	Mario Pace		P00171616
	Firm's name	O'Connell, Pace, & Company, P.C.		
	Firm's address	609 Farmington Avenue, Suite 201 Hartford CT 06105		
			Firm's EIN	06-1053627
			Phone no.	(860) 247-3917

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)



Municipality: East Hartford \_\_\_\_\_

**Form NAA-01**  
**2017 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: Goodwin College

Program title: Job Connection

Name of contact person: Brooke Penders, Vice President, Advancement

Telephone number: (860) 528-4111

Email address: bpenders@goodwin.edu

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes      ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☒ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify): \_\_\_\_\_

**Description of program:** Goodwin College is a community-centered, workforce-focused institution of higher learning. Its mission is to provide education and training leading to employment as a foundation for lifelong learning. Most of the Goodwin College students for this program come from referrals from many local Community based organizations and many of these students are very low income and need tuition assistance.

**Need for program:** The Hartford Labor Market Area continues to experience a chronic period of unemployment. At the same time, job training funds in the Hartford area have decreased, creating great undressed needs for retraining our unemployed or underemployed workforce. East Hartford-Training in all and any of the areas cited in the program description. Ct Tax Registration Number 1690874-000

**Area to be served:** East Hartford

**Plan to implement the program:** Goodwin College-Duties and Responsibilities include Training in all and any of the areas cited in the program description. Connecticut Tax Registration Number 1690874-000

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17

Program completion date: 12/31/19 (or within one year of the date funds are received)

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	0
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date



Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2014**  
Open to Public InspectionDepartment of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization GOODWIN COLLEGE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118 <b>F</b> Name and address of principal officer: MARK SCHEINBERG SAME AS C ABOVE	<b>D</b> Employer identification number 06-1627882 <b>E</b> Telephone number 860-727-6906 <b>G</b> Gross receipts \$ 82,063,713. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <a href="http://WWW.GOODWIN.EDU">WWW.GOODWIN.EDU</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: 2001 <b>M</b> State of legal domicile: CT		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	19
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	773
<b>6</b>	Total number of volunteers (estimate if necessary)	0
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	-745,370.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	44,882,347.
<b>9</b>	Program service revenue (Part VIII, line 2g)	61,481,316.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-60,259.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,122.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,410,526.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,729,774.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,979,684.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	17,833.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,643,029.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,352,487.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	40,058,039.
<b>20</b>	Total assets (Part X, line 16)	221,840,852.
<b>21</b>	Total liabilities (Part X, line 26)	47,541,098.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	174,299,754.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer MARK SCHEINBERG, PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN TOSCANO	Preparer's signature Date
	Check <input type="checkbox"/> if self-employed PTIN P00358542	
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882:

Program title: Redesign of Campus to Add Energy Effectiveness

Name of contact person: Brooke Penders

Telephone number: (860) 528-4111

Email address: bpenders@goodwin.edu

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes

☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; **or**  
☐ Other (specify):

Description of program: The purpose of this grant application is to purchase and install energy efficient building systems. These systems include: new window systems, new insulated roofing, new wall insulation and new HVAC and boiler systems.

Need for program: The current building budgets do not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

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Neighborhood area to be served: East Hartford

Plan to implement the program:

Brooke Penders, One Riverside Drive, East Hartford 06118 Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project  
CT Tax Registration Number : 1690874-000

Bryant Harrell, One Riverside Drive, East Hartford, CT 06118  
Oversight of the contracts and contractors who will perform the redesign and installation of this project.  
CT Tax Registration Number: 1690874-000

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Energy efficient windows, roofing, and wall systems	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
Professional fund raising fees	0
Accounting/legal & other expenses – itemized	0
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014**  
Open to Public  
Inspection**A** For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☒ Amended return  
☐ Application pending

**C** Name of organization

GOODWIN COLLEGE, INC.

## Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

ONE RIVERSIDE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

EAST HARTFORD, CT 06118

**F** Name and address of principal officer: MARK SCHEINBERG

SAME AS C ABOVE

**D** Employer identification number

06-1627882

**E** Telephone number

860-727-6906

**G** Gross receipts \$ 82,063,713.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.GOODWIN.EDU**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2001**M** State of legal domicile: CT**Part I** Summary**1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** 20**4** Number of independent voting members of the governing body (Part VI, line 1b)**4** 19**5** Total number of individuals employed in calendar year 2014 (Part V, line 2a)**5** 773**6** Total number of volunteers (estimate if necessary)**6** 0**7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** -745,370.**b** Net unrelated business taxable income from Form 990-T, line 34**7b** 0.**Revenue****8** Contributions and grants (Part VIII, line 1h)**Prior Year**

44,882,347.

**Current Year**

15,120,066.

**9** Program service revenue (Part VIII, line 2g)

61,481,316.

64,453,210.

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

-60,259.

9,078.

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

107,122.

247,824.

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

106,410,526.

79,830,178.

**Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

13,729,774.

13,031,141.

**14** Benefits paid to or for members (Part IX, column (A), line 4)

0.

0.

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

28,979,684.

31,829,504.

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0.

0.

**b** Total fundraising expenses (Part IX, column (D), line 25)

17,833.

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

23,643,029.

27,207,922.

**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

66,352,487.

72,068,567.

**19** Revenue less expenses. Subtract line 18 from line 12

40,058,039.

7,761,611.

**Net Assets or Fund Balances****20** Total assets (Part X, line 16)**Beginning of Current Year**

221,840,852.

**End of Year**

228,570,757.

**21** Total liabilities (Part X, line 26)

47,541,098.

50,408,646.

**22** Net assets or fund balances. Subtract line 21 from line 20

174,299,754.

178,162,111.

**Part II** Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

MARK SCHEINBERG, PRESIDENT

Type or print name and title

**Paid**

Print/Type preparer's name

JOHN TOSCANO

Preparer's signature

Date

Check if self-employed

PTIN

P00358542

**Preparer**

Firm's name COHNREZNICK LLP

Firm's EIN

22-1478099

**Use Only**Firm's address 350 CHURCH STREET, 12TH FLOOR  
HARTFORD, CT 06103

Phone no. 959-200-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No



Municipality: East Hartford \_\_\_\_\_

**Form NAA-01**  
**2017 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: Goodwin College Educational Services

Address: One Riverside Drive, East Hartford, CT 06118

Employer Identification Number: 81-0703551

Program title: Renovations of Buildings for Energy Savings

Name of contact person: Todd Andrews, Vice President, Economic and Strategic Development

Telephone number: (860) 528-4111

Email address: [tandrews@goodwin.edu](mailto:tandrews@goodwin.edu)

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes

☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; **or**  
☐ Other (specify):

**Description of program:** The purpose of this grant application is to purchase and install energy efficient building systems on all of Goodwin College (and its affiliates) buildings. These systems include new windows, new insulates roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the State of Connecticut.

**Need for program:** The current building budgets do not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

**Area to be served:** East Hartford

**Plan to implement the program:** Todd Andrews, Vice President, Economic and Strategic Development, One Riverside Drive, East Hartford, CT 06118  
Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project. Connecticut Tax Registration Number 81-070355

Bryant Harrell, VP of Physical Facilities and IT, Goodwin College, One Riverside Drive, East Hartford, CT 06118 Oversight of the contracts and contractors who will perform the redesign and installation of this project. Connecticut Tax Registration Number 1690874-00



**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17

Program completion date: 12/31/19 (or within one year of the date funds are received)

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	0
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date



Municipality: East Hartford \_\_\_\_\_

**Form NAA-01**  
**2017 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

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Name of tax exempt organization/municipal agency: Goodwin College Educational Services

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Support For Early College Students

Name of contact person: Lynn Guerriero

Telephone number: (860) 528-4111

Email address: [lguerriero@goodwin.edu](mailto:lguerriero@goodwin.edu)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes      ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☒ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

**Description of program:** The Goodwin College Educational Services is the operating organization for the college's magnet schools and early college relationships through our Senior Academy and similar projects. This project will provide financial support for tuition and related charges for needy high school students to receive pre collegiate classes at Goodwin College.

**Need for program:** There is a great need for early college credit attainment for needy students to have a head start in college and help insure that they complete within 5 years.

**Neighborhood area to be served:** All of Connecticut with a focus on East Hartford

**Plan to implement the program:** Lynn Guerriero, One Riverside Drive, East Hartford. Ct 06118  
coordination of fund receipts, oversight of programs. Connecticut Tax Registration Number 81-0703551

Goodwin College, One Riverside Drive, East Hartford, CT 06118 Training in ABE/ESL as well as vocational areas. Connecticut Tax Registration Number 1690874-000

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17

Program completion date: 12/31/19 (or within one year of the date funds are received)

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	<u>\$150,000</u>
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	<u>0</u>
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 22 2016**

GOODWIN COLLEGE EDUCATIONAL  
SERVICES INC  
C/O WIGGIN AND DANA  
ELIZABETH PIMENTEL  
PO BOX 1832  
NEW HAVEN, CT 06508-1832

Employer Identification Number:  
81-0703551  
DLN:  
17053004353006  
Contact Person:  
DIANE M ECKARD ID# 31394  
Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
June 30  
Public Charity Status:  
509(a)(3)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
August 28, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Specifically, we determined you're a Type I supporting organization under IRC Section 509(a)(3). A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar

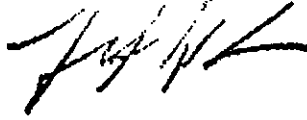
Letter 947

GOODWIN COLLEGE EDUCATIONAL

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper", written over a horizontal line.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements





Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Foundation, Inc.

Address: One Riverside Drive  
East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Retrofit Buildings for Energy Efficiency

Name of contact person: Brooke Penders, Vice President, Advancement,

Telephone number: (860) 528-4111

Email address: [bpenders@goodwin.edu](mailto:bpenders@goodwin.edu)

**Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000**

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

**Description of program:** The purpose of this grant application is to purchase and install energy efficient windows, insulation and HVAC equipment in the Goodwin College buildings in East Hartford, and its affiliated buildings. According to current design plans, the current cost is estimated to be well in excess of \$150,000.

**Need for program:** Goodwin College's current campus is located in buildings that are more than 50 years old. These buildings have terrible energy efficiency. Many walls are not insulated, and the windows constantly leak air. This project would provide the efficiency to retrofit various parts of the campus of much greater energy efficiency.

**Neighborhood area to be served:** East Hartford

### Plan to implement the program:

Brooke Penders, Vice President, Advancement- Overall administrator of the grants including matching funds received to specific projects.

Bryant Harrell, Vice President, Facilities and I.T., Goodwin College – Oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment,

**Timetable:**

**Program start date:** Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

**Program completion date:** 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Construction costs</u> _____	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date

EXTENDED TO MAY 16, 2016

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service**A** For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☒ Amended return  
☐ Application pending

**C** Name of organization

GOODWIN COLLEGE FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

ONE RIVERSIDE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

EAST HARTFORD, CT 06118

**F** Name and address of principal officer: DR. ETHAN FOXMAN

SAME AS C ABOVE

**D** Employer identification number

06-1599388

**E** Telephone number

(860) 528-4111

**G** Gross receipts \$ 823,891.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2000**M** State of legal domicile: CT**Part I Summary****1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 16**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 13**5** Total number of individuals employed in calendar year 2014 (Part V, line 2a) **5** 0**6** Total number of volunteers (estimate if necessary) **6** 0**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0.

		Prior Year	Current Year
		936,347.	506,068.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	0.	0.
	<b>9</b> Program service revenue (Part VIII, line 2g)	295,700.	267,968.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-42,287.	-30,326.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,189,760.	743,710.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	554,703.	747,114.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	554,703.	747,114.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	635,057.	-3,404.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	9,195,789.	9,016,237.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	215,765.	500,100.
		8,980,024.	8,516,137.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD			
	Type or print name and title			
<b>Paid Preparer</b>	Print/Type preparer's name JOHN TOSCANO	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00358542
<b>Use Only</b>	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099		
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



Municipality: East Hartford \_\_\_\_\_

**Form NAA-01**  
**2017 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: Goodwin College Foundation, Inc.

Address: One Riverside Drive  
East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Support For Low Income Students

Name of contact person: Brooke Penders, Vice President, Advancement,

Telephone number: (860) 528-4111

Email address: [bpenders@goodwin.edu](mailto:bpenders@goodwin.edu)

**Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000**

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes      ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☒ Job training/education for unemployed persons aged 50 or over;  
☒ Job training/education for disabled persons;  
☒ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

**Description of program:** The purpose of this Goodwin College Foundation, Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin College. The students identified are at or near the federal poverty line, and are often current or former TANF recipients. This program is designed to accept individuals referred by our local and refer them to the private and non-private social service agencies. The students are assessed for basic skill and aptitude and refer them to appropriate training programs offered at Goodwin College. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses in pre-vocational and vocational preparation areas.

**Need for program:** East Hartford continues to experience a painful period of unemployment, punctuated by a growing social services caseload. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed or underemployed.

**Neighborhood area to be served:** East Hartford

### Plan to implement the program:

Goodwin College Foundation, One Riverside Drive East Hartford Referral and job placement

Goodwin College, One Riverside Drive, East Hartford. Pre-Vocational and Vocational Training

**Timetable:**

**Program start date:** Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

**Program completion date:** 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - Itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition _____	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
---

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**  
Open to Public  
Inspection**A** For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

<b>B</b> Check if applicable:	<b>C</b> Name of organization  GOODWIN COLLEGE FOUNDATION, INC.  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE  City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118  <b>F</b> Name and address of principal officer: DR. ETHAN FOXMAN SAME AS C ABOVE	<b>D</b> Employer identification number  06-1599388  <b>E</b> Telephone number  (860) 528-4111  <b>G</b> Gross receipts \$ 823,891.  <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ N/A		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 2000		<b>M</b> State of legal domicile: CT

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	16
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	13
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0
<b>6</b>	Total number of volunteers (estimate if necessary)	0
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	936,347.
<b>9</b>	Program service revenue (Part VIII, line 2g)	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	295,700.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-42,287.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,189,760.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	554,703.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	554,703.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	635,057.
<b>20</b>	Total assets (Part X, line 16)	9,195,789.
<b>21</b>	Total liabilities (Part X, line 26)	215,765.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	8,980,024.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer  DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN TOSCANO	Preparer's signature
	Date	Check <input type="checkbox"/> if self-employed PTIN P00358542
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Magnet Schools, Inc.

Address: One Riverside Drive  
East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Conservation Project

Name of contact person: Lynn Guerriero, Director of Operations

Telephone number: (860) 528-4111

Email address: [lguerriero@goodwin.edu](mailto:lguerriero@goodwin.edu)

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

**Description of program:** The purpose of this grant application is to purchase and install energy efficient building systems. These systems include: green roof structures, solar projects, alternative energy generation and storage, and other projects. All these systems are planned for magnet school facilities and other campus buildings.

**Need for program:** The current building budget does not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

**Neighborhood area to be served:** East Hartford

### Plan to implement the program:

Lynn Guerriero, Director of Operations, Goodwin College Magnet Schools, Inc. – Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project.

Bryant Harrell, Vice President, Physical Facilities and I.T. Goodwin College – Oversight of the contracts and contractors who will perform the redesign and installation of this project.-

**Timetable:**

**Program start date:** Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

**Program completion date:** 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Energy efficient windows, roofing, wall systems</u> _____	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
---

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **FEB 29 2016**

GOODWIN COLLEGE MAGNET SCHOOLS INC  
1 RIVERSIDE DR  
EAST HARTFORD, CT 06118

Employer Identification Number:  
81-0703802  
DLN:  
17053004353016  
Contact Person: ID# 31077  
JOSEPH LAUX  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(ii)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
August 28, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

You're not subject to the specific publishing requirements of Revenue Procedure 75-50, 1975-2 C.B., page 587, as long as you operate under a contract with the local government. If your method of operation changes to the extent that your charter is terminated, cancelled or not renewed, you should notify us. You'll also be required to comply with Revenue Procedure 75-50.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt

Letter 947



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Goodwin College Magnet Schools

Address: One Riverside Drive  
East Hartford, CT 06118

Federal Employer Identification Number: 08-070-3802

Program title: Support For Magnet School Students

Name of contact person: Lynn Guerriero, Director, Magnet Schools

Telephone number: (860) 528-4111

Email address: [lguerriero@goodwin.edu](mailto:lguerriero@goodwin.edu)

**Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000**

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal



## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or
- ☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☒ Job training/education for unemployed persons aged 50 or over;
- ☐ Job training/education for disabled persons;
- ☒ Program serving low-income persons;
- ☐ Child care services;
- ☐ Establishment of a child day care facility;
- ☐ Open space acquisition fund; or
- ☐ Other (specify):

**Description of program:** Goodwin College Magnet School Inc. is the nonprofit operator of all Goodwin College's magnet schools as well as a collaborator with many other statewide magnet school operations. The project is designed to provide magnet school students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin College.

**Need for program:** Magnet School budgets have suffered in the past few years, and this budget squeeze is likely to continue well into the future, we are seeking to augment public support of this magnet school with funds contributed by our parents as well as with cooperate supporters.

**Neighborhood area to be served:** East Hartford Labor Market as defined by the CT Department of Labor with focus on Hartford.

### Plan to implement the program:

Goodwin College Magnet Schools, One Riverside Drive, East Hartford, CT – Overall management,  
Program Coordinator

**Timetable:**

**Program start date:** Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

**Program completion date:** 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000

Other funding sources - itemized sources:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Funding:** \$150,000

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Tuition payments out of other grants \$150,000  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000

## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Great River Land Trust, Inc.

Address: One Riverside Drive  
East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

Program title: Energy Upgrades for the Bio Lab and South Meadows Trail System

Name of contact person: Todd Andrews, Vice President, Economic and Strategic Development

Telephone number: (860) 727-6937

Email address: [tandrews@goodwin.edu](mailto:tandrews@goodwin.edu)

**Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000**

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☐ Yes ☒ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

Description of program: The funds from the program will be used to provide solar collectors for the Bio Science Lab located in the South Meadows and Crow Point sections of the Great River Land Trust holdings in East Hartford, Glastonbury and Wethersfield. Funds will be used for the trails upgrades and energy efficient lighting and supports, in addition to the promotion on this trail network project as a model for other individuals and organizations in the State of Connecticut.

Need for program: The Bio Science Lab and Meadows property in the contiguous towns near East Hartford has been designated as public access recreation areas. These funds will help complete the system with energy efficient components, and will connect this system with the greater Riverfront Recapture trail system.

Neighborhood area to be served: Connecticut River Watershed, with a focus on East Hartford

Plan to implement the program:

Todd Andrews, Goodwin College and Board Member, Great River Land Trust, Inc.  
One Riverside Drive, East Hartford, CT. 06118  
Duties: Receipt of funds, oversight of implementation of program

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000

Other funding sources - itemized sources:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**Total Funding:** \$150,000

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

- a) Installation of solar collectors and trails upgrades \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

Administrative expenses - itemized description:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000

## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
---



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Great River Land Trust, Inc.

Address: One Riverside Drive  
East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

Program title: Expansion of Outdoor Programming

Name of contact person: Bryant Harrell, VP, Physical Facilities and I.T.

Telephone number: (860) 727-6937

Email address: [bharrell@goodwin.edu](mailto:bharrell@goodwin.edu).

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000 Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.



## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

Description of program: The Great River Land Trust has accumulated over 1000 acres of land in the river meadows south of Hartford. This program is to provide support for a feasibility study to determine whether the site can accommodate such energy conservation improvements as LED lighting, solar energy power generation, alternative toilets systems and other such activities. Once the feasibility study is complete, any additional funds secured through this project will be applied toward the installation of these systems. These projects will also serve as the basis for a range of conservation based educational programs, including ecological tours, experiments and school field trips for groups to understand and support the land environment and to take an active part in energy and environmental conservation projects within other municipalities.

Need for program: Funding for environmental and conservation education has been cut from most municipal and local education budgets. This program is designed to provide this component through private donations in place of public dollars.

Neighborhood area to be served: Hartford, East Hartford, Glastonbury, Wethersfield and surrounding towns.

Plan to implement the program:

Todd Andrews, Goodwin College and Board Member, Great River Land Trust, Inc.  
One Riverside Drive, East Hartford, CT. 06118  
Duties: Receipt of funds, oversight of implementation of program

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

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**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Funding:</b>	<u><b>\$150,000</b></u>
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**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition _____	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

<b>Total Proposed Expenditures:</b>	<u><b>\$150,000</b></u>
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## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: ,860-289-8394

Email address: [posullivan@easthartfordct.gov](mailto:posullivan@easthartfordct.gov)

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

3/31/20

Date

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2014 calendar year, or tax year beginning <b>JUL 1, 2014</b> and ending <b>JUN 30, 2015</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GREAT RIVER LAND TRUST, INC.</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>ONE RIVERSIDE DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>EAST HARTFORD, CT 06118</b> <b>D</b> Employer identification number <b>45-4128786</b> <b>E</b> Telephone number <b>860-727-6983</b> <b>F</b> Group Exemption Number ▶ <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ <b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). <b>I</b> Website: ▶ <b>N/A</b> <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>106,236.</b>

<b>Part I</b> <b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>	
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received ..... 1 <b>106,236.</b>
	2 Program service revenue including government fees and contracts ..... 2
	3 Membership dues and assessments ..... 3
	4 Investment income ..... 4
	5a Gross amount from sale of assets other than inventory ..... 5a
	b Less: cost or other basis and sales expenses ..... 5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ..... 5c
	6 Gaming and fundraising events
	a Gross income from gaming (attach Schedule G if greater than \$15,000) ..... 6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ..... 6b	
c Less: direct expenses from gaming and fundraising events ..... 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ..... 6d	
7a Gross sales of inventory, less returns and allowances ..... 7a	
b Less: cost of goods sold ..... 7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ..... 7c	
8 Other revenue (describe in Schedule O) ..... 8	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ..... 9 <b>106,236.</b>	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) ..... 10
	11 Benefits paid to or for members ..... 11
	12 Salaries, other compensation, and employee benefits ..... 12
	13 Professional fees and other payments to independent contractors ..... 13
	14 Occupancy, rent, utilities, and maintenance ..... 14
	15 Printing, publications, postage, and shipping ..... 15
	16 Other expenses (describe in Schedule O) ..... 16
	17 <b>Total expenses.</b> Add lines 10 through 16 ..... 17 <b>0.</b>
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) ..... 18 <b>106,236.</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ..... 19 <b>0.</b>
	20 Other changes in net assets or fund balances (explain in Schedule O) ..... 20 <b>0.</b>
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ..... 21 <b>106,236.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: Hispanic Coalition of Greater Waterbury

Address: 745 Burnside Avenue  
East Hartford, CT 06018

Federal Employer Identification Number: 06-1349937

Program title: Energy Conservation Project

Name of contact person: Victor Lopez,

Telephone number: (203) 558-5438

Email address: victorlopez\_jr@yahoo.com

**Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000**

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

**Description of program:** The purpose of this application is to replace our building's current HVAC systems and add other energy savings enhancements. We recently completed an energy audit and believe we can recoup the entire cost of this project in less than 5 years. Should funds allow, some will be used to update windows and insulation systems for greater efficiency.

**Need for program:** the Hispanic Coalition of Greater Waterbury occupies satellite offices in a historic East Hartford building that was built in 1909. It is critical to upgrade energy systems while maintaining the historic integrity of the building wherever possible.

**Neighborhood area to be served:** East Hartford

### Plan to implement the program:

Olmsted Realty, 745 Burnside Avenue, East Hartford, CT – Oversight of any building work to state standards

**Timetable:**

**Program start date:** Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

**Program completion date:** 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000

Other funding sources - itemized sources:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Funding:** \$150,000

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Construction costs \$150,000  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000

## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p>Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
---



EXTENDED TO FEBRUARY 15, 2017

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2015**  
Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**HISPANIC COALITION OF GREATER WATERBURY, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**135 EAST LIBERTY STREET**

City or town, state or province, country, and ZIP or foreign postal code

**WATERBURY, CT 06706****F** Name and address of principal officer: **VICTOR LOPEZ**  
**SAME AS C ABOVE****D** Employer identification number**\*\* - \*\*\*9937****E** Telephone number**203-754-6172****G** Gross receipts \$**916453.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.THEHISPANICCOALITION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1991** **M** State of legal domicile: **CT****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE ADVOCACY, COLLABORATION AND CREATION OF</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>43</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>143623.</b>	<b>135228.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>586004.</b>	<b>765741.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>314.</b>	<b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1874.</b>	<b>1399.</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>731815.</b>	<b>902368.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>553320.</b>	<b>664858.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>5384.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>163886.</b>	<b>199354.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>717206.</b>	<b>864212.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>14609.</b>	<b>38156.</b>
	Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>
<b>21</b>		Total liabilities (Part X, line 26)	<b>201275.</b>	<b>221730.</b>
<b>22</b>		Net assets or fund balances. Subtract line 21 from line 20	<b>63187.</b>	<b>45486.</b>
			<b>138088.</b>	<b>176244.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>VICTOR LOPEZ, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>CARRIE ZIMYESKI</b>		<b>01/23/17</b>	<input type="checkbox"/>	<b>P00369050</b>
	Firm's name ▶ <b>ZACKIN ZIMYESKI SULLIVAN CPA'S LLC</b>	Firm's EIN ▶ <b>** - ***8606</b>			
	Firm's address ▶ <b>1 EXCHANGE PLACE 6TH FL</b> <b>WATERBURY, CT 06702-1391</b>	Phone no. <b>203-753-2200</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



Municipality: East Hartford \_\_\_\_\_

## Form NAA-01

### 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: INTEGRATED HEALTH SERVICES

Address: 763 Burnside Avenue  
East Hartford, CT 06018

Federal Employer Identification Number: 20-887-9300

Program title: CLIENT HEALTH SERVICES

Name of contact person: Deborah Poerio

Telephone number: (860) 291-9787

Email address: debapm@aol.com

**Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000**

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☐ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☒ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

**Description of program:** Integrated Health Services is the operator for School Based Health Centers in East Hartford. The purpose of this project is to expand the services of their School Based Health Centers. Funds received would be used to provide additional personnel coverage and supplies so that students can receive more comprehensive services at the centers, beyond that funded through the State of Connecticut Department of Public Health. Also, these funds can be used towards the administrative support of the program.

**Need for program:** SBHCs provide medical, dental and behavioral health services to underinsured low income elementary and secondary students in Connecticut. East Hartford has been designated a targeted community within the state. The designation has been based upon the percentage of low income students, identified by the number of eligible for free or subsidized meal services. East Hartford is also home to a number of Inter district Magnet Schools, who also serve a diverse population of low income students from throughout the region.

**Neighborhood area to be served:** East Hartford

### Plan to implement the program:

Integrated Health Services, 763 Burnside Avenue, East Hartford, CT 06108 – Providing experienced medical and behavioral services, as well as other family support services.

**Timetable:**

**Program start date:** Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

**Program completion date:** 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000

Other funding sources - itemized sources:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Funding:** \$150,000

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Client Service Expenses (medical, behavioral health) and family support services. \$150,000  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000

## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p>Is a post-project review required for this proposal?</p> <p><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
---

Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2015 calendar year, or tax year beginning <u>Jul 1</u> , 2015, and ending <u>Jun 30</u> , 2016									
<b>B</b> Check if applicable:		<b>C</b> Name of organization <u>Integrated Health Services, Inc.</u>					<b>D</b> Employer identification number		
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	Doing business as					<u>20-8879300</u>		
<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite					<b>E</b> Telephone number		
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	<u>P.O. Box 380383</u>					<u>(860) 622-5340</u>		
		City or town, state or province, country, and ZIP or foreign postal code					<b>G</b> Gross receipts <u>\$1,889,081.</u>		
		<u>East Hartford CT 06138-0383</u>					<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<b>F</b> Name and address of principal officer:					<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<u>Deborah Poerio P.O. Box 380383 East Hartford CT 06138</u>					If 'No,' attach a list. (see instructions)		
<b>I</b> Tax-exempt status		<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
<b>J</b> Website: ▶		<u>www.integratedhealthservices.org</u>							
<b>K</b> Form of organization:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					<b>L</b> Year of formation: <u>2007</u>		<b>M</b> State of legal domicile: <u>CT</u>

<b>Part I Summary</b>										
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>Mission: To improve students' potential to achieve and maintain wellness by reducing and addressing barriers to care. Purpose: Integrated Health Services provides comprehensive and preventive health care services to school age children and adults.</u>									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.									
	3	Number of voting members of the governing body (Part VI, line 1a)							14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)							13	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)							37	
	6	Total number of volunteers (estimate if necessary)							7	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12							0.	
<b>Revenue</b>	b Net unrelated business taxable income from Form 990-T, line 34							0.		
	8	Contributions and grants (Part VIII, line 1h)							Prior Year 1,056,301.	Current Year 1,076,857.
	9	Program service revenue (Part VIII, line 2g)							633,051.	811,876.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							389.	348.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)							1,689,741.	1,889,081.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
14		Benefits paid to or for members (Part IX, column (A), line 4)								
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							1,525,646.	1,639,680.
16a		Professional fundraising fees (Part IX, column (A), line 11e)								
b		Total fundraising expenses (Part IX, column (D), line 25) ▶							0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							239,866.	155,818.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							1,765,512.	1,795,498.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12							-75,771.	93,583.
	20	Total assets (Part X, line 16)							Beginning of Current Year 876,630.	End of Year 1,002,567.
	21	Total liabilities (Part X, line 26)							37,498.	69,852.
	22	Net assets or fund balances. Subtract line 21 from line 20							839,132.	932,715.

<b>Part II Signature Block</b>									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.									

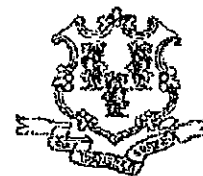
<b>Sign Here</b>	Signature of officer					Date				
	<u>Deborah Poerio</u>					Executive Director				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date		Check <input type="checkbox"/> if self-employed		PTIN	
	<u>William Clark</u>		<u>William Clark</u>		<u>11/02/16</u>				<u>P00177667</u>	
	Firm's name ▶		Firm's address ▶		Firm's EIN ▶		Phone no.			
	<u>O'CONNELL PACE &amp; COMPANY, PC</u>		<u>609 FARMINGTON AVE STE 201</u>		<u>CT 06105</u>		<u>(860) 247-3917</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 10/12/15

Form 990 (2015)



Municipality: East Hartford

**Form NAA-01**  
**2017 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: INTEGRATED HEALTH SERVICES

Address: 763 Burnside Avenue  
East Hartford, CT 06018

Federal Employer Identification Number: 20-887-9300

Program title: Energy Efficiency Project

Name of contact person: Deborah Poerio

Telephone number: (860) 291-9787

Email address: debaprn@aol.com

**Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000**

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes

☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)),

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☒ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; or  
☐ Other (specify):

**Description of program:** This project is designed to upgrade our facilities, currently located in a building built in 18660 with new insulated windows, walls and ceilings, in order to save on our energy bills. All current systems are original, and there is a great opportunity to improve our current efficiencies. In addition, the grant will be used to purchase and install an energy efficient central air conditioning system for the building. We are also planning construction of new clinical facilities at three local sites including magnet schools, and funds should they become available could be used to provide energy efficient equipment at these locations as well.

**Need for program:** Integrated Health Services' are located in a building that was built in 1860. All of the windows are original and the building has never been insulated. Any project funds received will be used to upgrade insulation in the building and to either replace or renovate window wall units to increase their energy efficiency. In addition, funds will be used to purchase and install an energy efficient central air conditioning system for the building. Any additional funds can be used for energy efficient construction at our planned facilities planned for other local magnet schools.

**Neighborhood area to be served:** East Hartford

### Plan to implement the program:

Integrated Health Services, 763 Burnside Avenue, East Hartford, CT 06108 – Selection of contractors and oversight of installation of energy efficient systems.

**Olmsted Realty, 763 Burnside Avenue, East Hartford, Ct 06108** – Oversight of construction work at site

Goodwin College, One Riverside Drive, East Hartford, CT 06118 -

Goodwin College Magnet Schools, One Riverside Drive, East Hartford, CT 06118



**Timetable:**

**Program start date:** Funds will be awarded on or after 12/31/17 as they are received, Actual training can occur any time prior to the end of the program.

**Program completion date:** 12/31/19

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000

Other funding sources - itemized sources:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Funding:** \$150,000

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000

## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford
Mailing address: _____ 740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: ,860-289-8394
Email address: <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

<p style="text-align: center;"><b>Post-Project Review</b></p> <p>Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">3/31/20 _____ Date</p>
---

Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2015 calendar year, or tax year beginning **Jul 1**, 2015, and ending **Jun 30**, 2016

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Integrated Health Services, Inc.</b>		<b>D</b> Employer identification number <b>20-8879300</b>
	Doing business as		<b>E</b> Telephone number <b>(860) 622-5340</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	<b>P.O. Box 380383</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>East Hartford CT 06138-0383</b>		<b>G</b> Gross receipts <b>\$1,889,081.</b>
<b>F</b> Name and address of principal officer: <b>Deborah Poerio P.O. Box 380383 East Hartford CT 06138</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>www.integratedhealthservices.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2007</b>	<b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Mission: To improve students' potential to achieve and maintain wellness by reducing and addressing barriers to care.</u> <u>Purpose: Integrated Health Services provides comprehensive and preventive health care services to school age children and adults.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 14	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 13	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b> 37	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 7	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 1,056,301.	Current Year 1,076,857.
	<b>9</b> Program service revenue (Part VIII, line 2g)	633,051.	811,876.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	389.	348.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,689,741.	1,889,081.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,525,646.	1,639,680.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	239,866.	155,818.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,765,512.	1,795,498.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-75,771.	93,583.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 876,630.	End of Year 1,002,567.
	<b>21</b> Total liabilities (Part X, line 26)	37,498.	69,852.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	839,132.	932,715.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	Deborah Poerio Type or print name and title.		Executive Director	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	William Clark	William Clark	11/02/16	P00177667
	Firm's name ▶	O'CONNELL PACE & COMPANY, PC		
	Firm's address ▶	609 FARMINGTON AVE STE 201 HARTFORD CT 06105		
			Phone no.	(860) 247-3917

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 10/12/15

Form 990 (2015)



**Municipality:** East Hartford

**Form NAA-01**  
**2017 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Town of East Hartford

Address: 740 Main Street, East Hartford, CT 06108

Federal Employer Identification Number: 066001989

Program title: Energy Efficiency Measures

Name of contact person: Paul O'Sullivan

Telephone number: (860) 291-7206

Email address: posullivan@easthartfordct.gov

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes

☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- ☒ Energy conservation; or  
☐ Comprehensive college access loan forgiveness (see Conn. Gen Stat. §12-635(3)).

### 60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Child care services;  
☐ Establishment of a child day care facility;  
☐ Open space acquisition fund; **or**  
☐ Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

Replacement and/or refurbishment of various Town infrastructures to improve energy efficiency Specific locations to be determined.

Need for program: \_\_\_\_\_

Several Town facilities have HVAC, lighting and and other systems that are not energy-efficient, wasting not only natural but Town resources as well. This project will provide for the replacement or refurbishment of antiquated equipment in Town facilities to enhance energy conservation. Specific locations to be determined.

Neighborhood area to be served: \_\_\_\_\_

Town-wide

Plan to implement the program: \_\_\_\_\_

Implementation of energy efficiency improvements will be directed by Public Works Director Timothy Bockus

**Timetable:**Program start date: 09/01/2017Program completion date: 09/01/2019

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**NAA funds requested \$150,000.00

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:****Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:**\$150,000.00

## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of East Hartford

Mailing address: \_\_\_\_\_

740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

### Post-Project Review

Is a post-project review required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project review due:

01/01/2019

Date

# **2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

Complete all items on **Form NAA-01, 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

---

## **Part I General Information**

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

**Program Title:** Assign a unique program title to each program for which your organization is making an application.

**Federal Form 990:** Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

## **Part II Program Information**

**Description of Program:** Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

**Need for Program:** Demonstrate a need for this program. For example, provide relevant statistics.

**Neighborhood Area to Be Served:** Describe the neighborhood or municipality this program will serve.

**Plan to implement the program:** Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

**Timetable:** Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

## **Part III Financial Information**

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

**Sources of Revenue:** The budget must include the requested NAA funding and any other anticipated revenue sources.

**NAA Funding Requested:** Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

**Other Funding Sources:** Provide a detailed description(s) and the amount(s) of all funding sources.

**Proposed Program Expenditures:** The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

**Direct Operating Expenses:** Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

## **Part IV Municipal Information**

This part is to be completed by the municipal agency overseeing implementation of the program.

**Municipal Liaison:** The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

**Post-Project Review:** Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Town of East Hartford, Connecticut</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Municipality</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) <b>740 Main Street</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>East Hartford, CT 06108</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

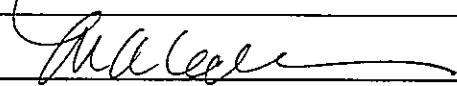
Social security number								
			-			-		
or								
Employer identification number								
0	6	-	6	0	0	1	9	8

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ <b>4/7/17</b>
-----------	--	----------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.